

**C.A.S.E.  
Assistive Technology Team  
Consultation Request**

Date: _____	Person completing form: _____
Student: _____	DOB: _____
School/District: _____	Grade: _____
School Phone: _____	Special Education Teacher: _____
SLP: _____	OT: _____
PT: _____	Social Worker: _____
Vision Spec.: _____	Hearing Spec: _____
APE: _____	PH Spec: _____
School Psychologist: _____	Administrator: _____
Language spoken in the home: _____	Contact Person: _____
Team Meeting (Day/Time): _____	Contact's email address: _____

.....

Information needed prior to the Assistive Technology Team initiating this consultation. Please check when completed.

\_\_\_\_\_ Completion of this form signed by a Special Education Administrator  
\_\_\_\_\_ Current IEP  
\_\_\_\_\_ Most recent evaluation reports  
\_\_\_\_\_ Outside reports if available  
\_\_\_\_\_ Parent has been informed that a request for an AT Consultation has been completed.

.....

The S.E.T.T. Framework is a guideline for gathering data in order to make effective assistive technology decisions. The S.E.T.T. Framework considers first, the STUDENT, the ENVIRONMENT(S) and the TASKS required for active participation in the activities of the environment, and finally, the system of TOOLS needed for the student to address the tasks.

**Specific information about your student will help us provide better Assistive Technology services. Please use this checklist to indicate your areas of concern.**

Student is experiencing difficulty accessing education/meeting IEP objectives in the following areas:

_____	Communication
_____	Handwriting
_____	Written Expression
_____	Spelling
_____	Reading
_____	Academic subjects
_____	Organization

**Presenting Questions:**

1. Please describe in detail the problems that your student is having participating in his/her educational program. Why, specifically, are you requesting AT services?

2. What, if any, accommodations and strategies have been attempted with the student?

3. Are there specific supports that the team is looking for?

\_\_\_\_\_  
**Signature of Contact Person**

\_\_\_\_\_  
**Signature of Special Education Administrator**

updated 8/24/2009